	INDIANA DEPARTMENT OF CHILD SERVICES **CHILD WELFARE MANUAL**	
	Tool 8.A: Placement Needs Summary	**Effective Date:** June 1, 2008
	Reference: Chapter 8 Section 1 (Selecting a Placement Option)	**Version:** 1

This tool may be used to assist the Family Case Manager (FCM) in identifying the needs of a particular child. This is not a formal assessment of the child's needs. Rather, it is a place to gather information about the child. There is no scoring system associated with this summary. The FCM and the Child and Family team should use the information collected on the summary to begin discussion of the child's needs and determination of the most appropriate placement and level of care. Together the Child and Family team should make a recommendation on the best possible, least restrictive and most family-like placement option.

Instructions: Check all boxes that apply, then complete the summary section. The summary should be based on the average abilities, behaviors and health of children in the same age group, i.e. a baby would not be expect to feed himself/herself; however, one would expect that a 6-year old could feed himself/herself.

CHILD'S NAME:_____ CHILD'S AGE: _____

Area of Concern	Special Needs – Mild	Special Needs – Moderate	Special Needs – Severe	Therapeutic/ Treatment Needs
☐ Attention Deficit (ADD) ☐ Attention Deficit – Hyperactivity (ADHD)	☐ ADD, mild ☐ ADHD, mild	☐ ADD, moderate ☐ ADHD, moderate	☐ ADD, severe ☐ ADHD, severe	☐ Requires specialized treatment
☐ Basic Care		☐ Excessive Crying – Baby/Toddler ☐ Excessive Crying- older child	☐ Constant Crying – Baby/Toddler	☐ Requires specialized treatment
☐ Blood Disorders		☐ Sickle Cell, infrequent episodes	☐ Blood Disorder ☐ Sickle Cell, frequent episodes ☐ HIV Positive ☐ May require transfusion	☐ Additional precautions must be taken ☐ Other_____
☐ Communication	☐ Stutters ☐ Lisps	☐ Speech is hard to understand ☐ Child does not speak English ☐ Uses Sign Language	☐ Will always have trouble speaking and/or being understood ☐ Mute ☐ Communication Disorder	☐ Requires specialized treatment
☐ Developmental Disabilities	☐ Mild delay, less than 6 months behind	☐ Moderate delay, 6-12 months behind ☐ Autism, mild	☐ Severe delay, more than 12 months behind ☐ Autism, severe ☐ Autism, no communication ☐ Downs Syndrome	☐ Requires specialized treatment

☐ Eating	☐ Hording food ☐ Over-eating	☐ Binging/Purging	☐ Currently being treated for an eating disorder	☐ Requires specialized treatment
☐ Education	☐ Has IEP, but participates in regular classes ☐ Learning Disabilities ☐ Dyslexic ☐ Gifted Student ☐ Alternative school ☐ Behavior plan	☐ Special education program ☐ Expulsion or refusal to go to school	☐ Will always need supervision and/or sheltered educational environment	☐ Requires specialized treatment
☐ Failure to thrive			☐ Failure to thrive	☐ Requires specialized treatment
☐ Feeding		☐ Feeding Problems	☐ Feeding Tube ☐ Unable to feed self - older child ☐ Will never be able to feed self	☐ Requires a feeding tube ☐ Requires other specialized treatment
☐ Fetal Alcohol/Drug Exposure		☐ Drug Exposed Child ☐ Fetal Alcohol Syndrome	☐ Fetal Drug Addiction	☐ Requires specialized treatment
☐ Hearing		☐ Hearing problem, hearing aid will correct ☐ Hearing problem, hearing aid will not correct	☐ Deaf, but able to speak ☐ Deaf, unable to speak ☐ May require inner ear surgery	☐ Requires specialized treatment
☐ Incontinence	☐ Wetting during day, occasionally ☐ Bed wetting, occasionally	☐ Bed Wetting, nightly ☐ Wetting during the day, more than twice per month	☐ Bowel Problems ☐ Will always wear diapers.	☐ Requires a Colostomy Bag
☐ Medical - General		☐ Requires weekly (or less frequent) monitoring ☐ Multiple medications	☐ Requires daily/hourly monitoring ☐ Chronic condition	☐ Requires specialized treatment ☐ Requires use of specialized medical equipment
☐ Medical - Chronic	☐ Allergies to food, plants, medication, etc.	☐ Special Diet due to medical conditions	☐ Severe Allergies ☐ Severe Asthma ☐ Diabetes ☐ Cardiac Problems ☐ Multiple Sclerosis ☐ Muscular Dystrophy ☐ Cystic Fibrosis ☐ Other (list)_____	☐ Requires specialized treatment

☐ Medical - Urgent		☐ Condition that may require surgery in the next 6 months.	☐ Injuries or Conditions are life threatening ☐ Shaken baby syndrome	☐ Requires specialized treatment
☐ Mental Health	☐ Counseling or therapy, less than twice per week ☐ Depression/ Anxiety Disorder, Somewhat inhibiting ☐ Other (list)_____	☐ Counseling or therapy, two or more times per week ☐ Depression/ Anxiety Disorder, Moderately inhibiting ☐ Other (list)_____	☐ Child may need hospitalization for emotional problems ☐ Depression/ Anxiety Disorder, Severely inhibiting ☐ Psychotic disorder ☐ Bi-Polar Disorder ☐ Other (list)_____	☐ Requires specialized treatment
☐ Personal Conduct	☐ Curfew violation	☐ Runaway behavior ☐ Fire Starting ☐ Stealing in the home or school ☐ On probation ☐ Inappropriate language ☐ Lying, excessive ☐ Defiant Behavior	☐ Runaway behavior, 2 or more times in last 6 months ☐ Gang affiliation ☐ Stealing from community	☐ Requires specialized treatment
☐ Physical Aggression	☐ Aggressive, low risk of injury	☐ Superficial injury to self and others ☐ Several days a week ☐ Cruelty to animals ☐ Fire Setting ☐ Destruction to items in the home	☐ High risk of serious injury ☐ Serious injury caused ☐ Several days a week	☐ Requires specialized treatment
☐ Placement Disruptions		☐ One disrupted placement in last 6 months	☐ 2 or more disrupted placements in last 6 months	
☐ Placement Transition			☐ Transitioning from a residential facility	
☐ Physical disability	☐ Minor disability, does not affect mobility ☐ Minor disability, does not affect self-care	☐ Moderate disability, affects mobility ☐ Moderate disability, affects self-care	☐ Severe disability, affects mobility ☐ Severe disability, affects self-care ☐ Paraplegic ☐ Quadriplegic	☐ Requires specialized treatment ☐ Requires wheelchair accessible home
☐ Sexual disorders	☐ Sex abuse victim	☐ Sexually reactive	☐ Sexual Perpetrator ☐ Prostitution	☐ Requires specialized treatment
☐ Social conflict	☐ Every 1-2 weeks ☐ Monthly	☐ Daily ☐ Several days a week		☐ Requires specialized treatment

☐ Substance abuse	☐ Smokes cigarettes	☐ Uses Alcohol ☐ Uses Marijuana	☐ Uses Other drugs ☐ Multiple Drug Use	☐ Requires specialized treatment
☐ Suicidal Tendencies		☐	☐ Suicidal ideation ☐ Suicide attempts, recent ☐ Suicide attempt, over 1 year ago	☐ Requires specialized treatment
☐ Truancy		☐ Missed 2-5 days in last month	☐ Missed more than 5 days in last month ☐ Dropped out of school	
☐ Vision	☐ Impaired vision, corrective lens needed	☐ Partial Vision	☐ Blind ☐ May require eye surgery	☐ Requires specialized treatment
☐ Other Specify:_____	☐ Low Severity	☐ Moderate Severity	☐ Severe	☐ Requires specialized treatment
☐ Other Specify:_____	☐ Low Severity	☐ Moderate Severity	☐ Severe	☐ Requires specialized treatment
☐ Other Specify:_____	☐ Low Severity	☐ Moderate Severity	☐ Severe	☐ Requires specialized treatment
☐ Other Specify:_____	☐ Low Severity	☐ Moderate Severity	☐ Severe	☐ Requires specialized treatment

Summary

Carefully review the information above and then answer the following questions.

Does the child have one or more moderate special needs?	☐Yes	☐No
Comments/Explanation:		
Does the child have one or more severe special needs?	☐Yes	☐No
Comments/Explanation:		
Does the child have any therapeutic needs?	☐Yes	☐No
Comments/Explanation:		
Is it possible to meet the child's special and/or therapeutic needs in a traditional resource (foster/relative) home?	☐Yes	☐No
Comments/Explanation:		
Does the child have **extensive** special and/or theraputic needs that **require 24-hour monitoring** and/or care that indicates a need residential placement?	☐Yes	☐No
Comments/Explanation:		

Based on the identified special and therapeutic needs of the child and the answers to the questions above, the reccomended placement type is:

☐ Traditional Resource (foster/realtive) Home ☐ Special Needs Foster Home
☐ Therapeutic Foster Home ☐ Residential Placement